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Date of Signature

25/D

Our Case No. 09800081-0004**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Lewin *et al.*

Serial No. 09/640,636

Filing Date: 08/17/2000

For NOVEL HEMATOPOIETIC
REGULATORY FACTORS AND
METHODS OF USE THEREOF

Examiner Bridget A. Bunner

Group Art Unit No. 1647

AMENDMENTCommissioner for Patents
Washington, D.C. 20231

Dear Sir:

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

Applicants respectfully request the following amendment to be entered.

Sonnenschein
SONNENSCHNEIN NATH & ROSENTHAL

Facsimile Transmittal Sheet**DATE•** August 28, 2002

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PLEASE DELIVER THE FOLLOWING PAGES TO:**NAME•** Bridget A. Bunner**FIRM•** USPTO**PHONE•****FAX•** 703-308-0294**CLIENT/MATTER•** 09800081-0004**FROM•** Gregory M. Zinkl**TOTAL NUMBER OF PAGES TRANSMITTED, INCLUDING THIS SHEET:**

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MESSAGE•

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lewin et al.

Serial No. 09/640,636

Filing Date: August 17, 2000

For: NOVEL HEMATOPOIETIC
REGULATORY FACTORS AND
METHODS OF USE THEREOF

Examiner: Bridget A. Bunner

Group Art Unit No.: 1647

Attorney Docket No: 09800081-0004

AMENDMENT TRANSMITTALAssistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

- ☒ Transmitted herewith is an Amendment.
- ☒ No additional fee is required for additional Independent, Dependent or Multiple Dependent Claims.
- ☐ A check in the amount of \$.00 is attached for additional Independent, Dependent or Multiple Dependent Claims.
- ☐ A Petition for a month Extension of Time.
- ☐ A check in the amount \$.00 is attached for the Extension of Time.

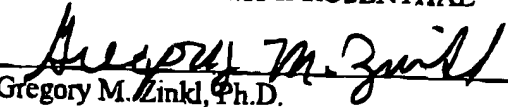
| | | | | | Small Entity | | or | Other Than A Small Entity | |
|---|----------------------------------|-------|------------------------|---------------|--------------|------------|----|---------------------------|------------|
| | Claims Remaining After Amendment | | Highest No. Previously | Present Extra | Rate | Addit. Fee | | Rate | Addit. Fee |
| Total | | Minus | | | x 9 = | \$ 63.00 | | x 18 = | \$ |
| Indep. | | Minus | | | x 39 = | \$ 39.00 | | x 78 = | \$ |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claim | | | | | x 130 = | \$ | | x 260 = | \$ |
| Total Additional Fee | | | | | | \$ | | Total | \$ |

- ☒ The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No. 19-3140. A duplicate copy of this sheet is attached.

Respectfully submitted,

SONNENSCHN NATH & ROSENTHAL

By:


 Gregory M. Zinkl, Ph.D.
 Reg. No. 48,492

August 28, 2001

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